

Sharing Information with OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application

If you checked yes to the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only in your child's school.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Patricia Hokanson** at 508-987-6056 phokanson@oxps.org

Return this form to: **OHS/ Food Service 100 Carbuncle Drive Oxford MA 01540**

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